

A NEW MODALITY OF WOUND CARE TREATMENT IN PNI WITH AN ACTIVE MEDICATION: A PILOT STUDY

Claudio Morisi, MD

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BACKGROUND

Actually the treatment of not healing wounds is based on the experience of the individual professionals.

We have a large variety of dressing for ulcerative skin disease, but in many cases they are made with some cytotoxic elements. In the literature there isn't a specifically guidelines, a defined protocol for the treatment of different types of ulcers. Required are always structured studies with Independent Revision by Centers and Power Calculation.

AIM

With this study we want provide methods and healing timing in the different categories of complicated ulcers derived from Progressive Necrotizing Infections (P.N.I.) of soft tissue using an advanced "active" medication no cytotoxic.

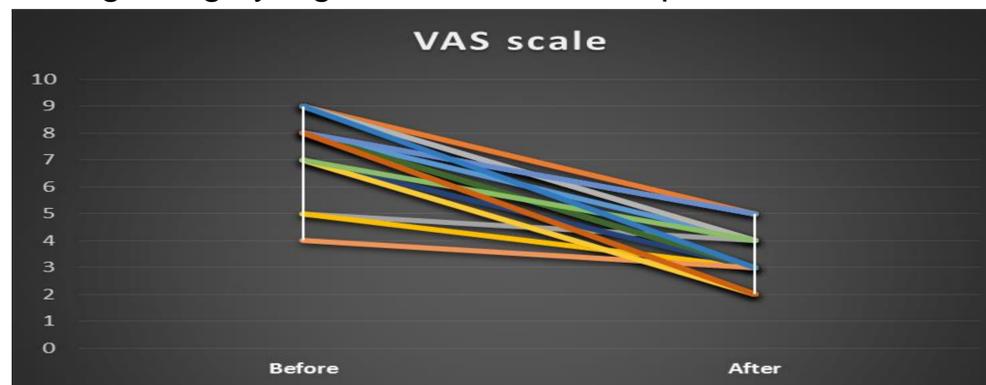
MATERIALS & METHODS

20 subjects participating to the study (mean age 71.1±11.8y.o.; female11:9male). The patients were followed for 6 months. 20 ulcers were enrolled and were divided according to their type etiological: n. 8 diabetic foot ulcer, n. 1 burned ulcer, n. 1 ischemic ulcer, n. 1 paraneoplastic ulcer, n. 3 venous ulcers, n. 3 pressure ulcer, n. 1 traumatic ulcer, n. 1 perirectal abscess ulcer and n.1 necrotizing leg infection ulcer.

All ulcers were documented with photos for observing changes in the follow-up. Obviously all ulcers (with T.I.M.E. philosophy of wound bed preparation) were subjected to the most possible correct surgical debridement at first. All ulcers were followed and medicated (average twice a week) by the same operators with a specific protocol, repetitive and reproducible at each dressing. Advanced active honey medication Revamil Gel and Revamil Dressings were used. The VAS scale was administered to determine the pain treatment. Informed consent has been subjected to all patient.

RESULTS

At the end of the study, we found a highly significant reduction of pain ($p < 0.0001$) by the VAS scale from 7.6 to 3.4 with a different 4.2 point (55.3%). Using the same medical grade honey dressing Revamil in different kinds of ulcers, we found an average healing within 49 ± 21.3 days with a minimum of 20 days and a maximum of 80 days. The reduction of pain associated with healing timing is highly significant, $R^2 = 0.79$; $p < 0.0001$.



CONCLUSION

Whatever was the pathogenesis of lesions, the cases treated showed a developmental progression towards the formation of granulation tissue. Once improved the necrotic tissue in a radical way, using the same type of dressing, we obtain the healing by secondary intention without episodes of concurrent infections. This observation, however restricted to a case report-pilot study, leads us to argue that the "active" medication by medical grade honey Revamil, non-cytotoxic, can significantly simplify the treatment of P.N.I. in function of T.I.M.E. criteria, in wound healing progression. This result, is the cornerstone to undertake a randomized control trial to stabilize these new dates.

ACKNOWLEDGED

To all my colleague, nurses in particularly and to my great friend Elio Piccinini, MD Vascular surgeon

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STATISTICAL ANALYSIS

The data were analyzed by the program GraphPad Prism 6 and are expressed as mean \pm standard deviation. For the statistical comparison the paired T-Student test was used. Values $p < 0.05$ were considered significant.

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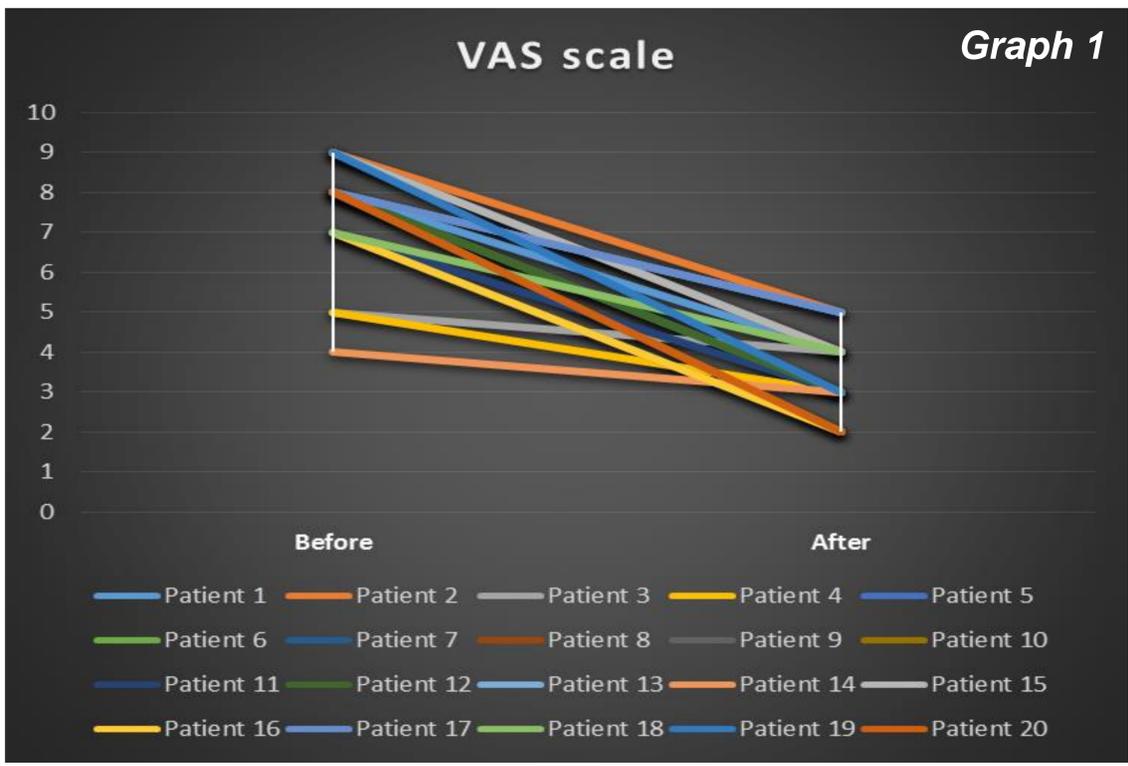
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Using the same medical grade honey dressing Revamil in different kinds of ulcers, we found an average healing within 49 ± 21.3 days with a minimum of 20 days and a maximum of 80 days. The reduction of pain associated with healing timing is highly significant, $R^2 = 0.79$; $p < 0.0001$.



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05.20.2016



06.16.2016



06.21.2016



08.04.2016



06.09.2016



07.04.2016



08.09.2016



09.01.2016



10.28.2015



11.10.2015



11.25.2015



12.10.2015



12.13.2016



12.24.2016



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03.23.2016



03.23.2016



03.24.2016



05.26.2016



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07.14.2016



07.19.2016



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12.27.2015



01.10.2017

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02.11.2016



02.22.2016



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03.16.2016



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